## 04F1CAIU889

## NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)



MAY 1 2 2004

DEAN HELLER SECRETARY OF STATE

AME LARMA VOLK	LENGTH OF RESIDEN	CE IN NEVADA _		STERED T	0
MAILING ADDRESS 2371 SPANISH SPOS. Rd	VOTE 36	LEARS	CSPHRI	(2)	
ELEPHONE 775 - 626 - 4407		NRS 281.571(1)	(a)		
ist all public offices for which this financial disclosure state	ment is required [NRS 28	31.571, Subsection	1(g)]:		
ist all public offices for which the manera		all elected and		APPOINT to fill unexpir	red term
		appointed public officers	the 10th day after the last day	of an elec appointed	public
		(no later than Jan. 15	to qualify as a candidate)	office (within 30	
	Annual Term or	each year) NRS 281.559(1)(b)	NRS 281.561(1)(a)	NRS 281.559(	
	pensation Date Appointed	281.561(1)(b)			1
DARKE CITY COUNCIL \$40	1000: Nov. 2001				1
\$		- Ц	닏		]
\$			Ш		
ist all general sources of income for you and members of	your household over 18	years of age [f	NRS 281.571, S	Subsection	i 1(b)]: louseho
				Salf	Membe
WAShoe County Retire	MONT PE	RS of	NU	U)	
NATURES SUNShine A	1			F	
	. Retireme	fr.	78	$\Box$	V
1 2 1-0					
Advanced AptitudES	The.				
				Ш	
List each creditor to whom you or a member of your hous	ehold owes \$5,000 or r	nore [except (1	) debt secure	ed by mo	ortgag
or deed of trust on real property which is not required to b	e listed below, and (2)	debt for which a	security into	erest in a	moto
vehicle for personal use was retained by seller] [NRS 281.5]	71, Subsection 1(d)]:				Housel
				Self	Memb
NONE					
		8 2 8 8 23 8			
		= g <sup>1</sup> = g <sup>1</sup>   1   1   1   1   1   1   1   1   1			
				1 1	

List each business entity (i.e., organization or enterprise operated for econfirm, business, trust joint venture, syndicate, corporation or association) vinvolved as a trustee, beneficiary of a trust, director, officer, owner in whole a class of stock or security representing 1% or more of the total outstanding [NRS 281.571, Subsection 1(f)]:	vith which you or a member of you e or in part, limited or general partn	ur household is ner, or holder of
[NAC 201.971, Gubsection 1(I)].		Self Househol
NORTHERN NEWADA Medical Center B	rad of Conordore	iviember
NOTICE TO THE THE TEAT COURSE IN	SOULT OF GOOGLIONS	
List specific location and particular use of all real estate (other than personal your household has a legal or beneficial interest; (2) the fair market value state or an adjacent state [NRS 281.571, Subsection 1(c)]:  Specific Location		
4455 CASEY Rd - FALLOD NU.	Agricultural	
11025 INNSBRUCK -TRUCKEF, CA.	CAbin Second	yow6
List the identity of donor and value of each gift received in excess of an during the preceding taxable year [except (1) a gift received from a person consanguinity or affinity; and (2) ceremonial gifts received for a birthday, occasion if the donor does not have a substantial interest in your legislative [NRS 281.571, Subsection 1(e)]:	on who is related to you within the wedding, anniversary, holiday or ot e, administrative, or political action]	third degree of ther ceremonial
Donor	\$	Value of Gift
None	\$	
	\$	
	<u> </u>	****
THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND O	OMPLETE	
Date: <u>MAY 10, 2004</u> Signature: <u>JON</u>	306/11 som	R